

FISCAL NOTE

SB 2765 - HB 2950

April 2, 2004

SUMMARY OF BILL: When a health care provider's claim is denied by an HMO then the provider may file a written request to the Department of Commerce and Insurance to submit the claim denial to an independent reviewer. The HMO would be required to submit an estimated time frame if the HMO determines that it needs longer than 30 days to respond, but the reconsideration decision must be issued within 60 days after receipt of the reconsideration request.


ESTIMATED FISCAL IMPACT:

Increase State Expenditures - Not Significant

Assumes that the number of requests for independent reviews will increase but the impact on the Department of Commerce and Insurance is estimated to be not significant.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

A handwritten signature in black ink, appearing to read "James W. White". The signature is fluid and cursive, with the first name "James" written in a larger, more prominent script than the last name "White".

James W. White, Executive Director